The Youth Roster

To view, add, or edit youth information, start by clicking the **Youth Roster Tab**. This tab houses information about all youth in your program. Here you will enter information, such as youth demographics, contact information, and enrollment/discharge dates.

The youth roster is intended to house data for *all* youth in your Wraparound program. Evaluation cycles for the WFI-EZ and TOM 2.0 will pull a random sample of youth based on the youth in the youth roster.

WrapStat							Co	llaborator Administra	itor - Collabora	ator 2 🗸 💄 wrap	oeval@uw.edu +
Dashboard	Youth Roster	☑ Evalı Cycle	ation ⊮ ^D s	lata lanagement		Resource Center					
Click here to take the yearly group member survey!											
Youth Roster						A NOTICE Some youth are missing a care coordinator Show (9					Show (92)
View, sort, download, add, and edit the youth roster. NOTICE Some youth have been actively enroll						y enrolled for over a yea	Show (76)				
C Selected Sites (1) Active • Download Youth Roster is Bulk Upload + Add Youth							+ Add Youth				
All Youth Basic Information Discharged 108 of 108									1 2 3		
Demographic Informa	Never Be	gan Services	rapID	Site 🔶	Site ID 🖨	First Name 🖕	Last Name 🖕	Care Coordinator 🖕	Language 🖕	Agency 🔶	Status 🔶
Enroliment			search	search	search	search	search	search	~	search	~
Discharge			115	Site 2	14	Dana	SMITH	care coord 6	English	Agency 2	active
Contact Information		Ø	13	Site 2	14	Reed	GRAY	care coord 6	Spanish	Agency 2	active
		Ø	153	Site 2	14	Blaine	MOORE	care coord 5	English	Agency 2	Active
1 6		167	Site 2	14	Bailey	KING	care coord 5	English	Agency 2	active	
		Ø	168	Site 2	14	Ryan	STEWART	Amy Monroe	Spanish	Agency 2	Active
		Ø	17	Site 2	14	Sam	GONZALEZ	Amy Monroe	Spanish	Agency 2	Active
		R	177	Site 2	14	Winter	SMITH	care coordinator72	English	Agency 2	Active

Adding a New Youth Record in WrapStat

Here are step-by-step instructions for adding a new Youth Record.

- 1. First, double check your **Youth Roster** to confirm that the youth hasn't already been entered.
- After you've confirmed the youth hasn't already been entered, click the blue Add Youth button.



- 3. A window will open for data entry of the youth's information into five different sections.
- 4. The red asterisks [*] indicate required data for a new record.
- 5. The following youth information
 - should be entered in the **Basic**

Information tab:

- a. Youth First Name
- b. Youth Last Name
- c. WrapID: this is a required field.
 Use the same format previously used in WrapTrack. ****Note**: the WrapID should ideally be a combination of letters and numbers. One of its purposes is to de-identify the Youth Record and data.
 Programs **should not** use a combination of the youth's first and last name as the WrapID.**

Basic Information ×								
Basic Information	Demographic Info	ormation	Enrollment	Discharge	Contac	t Information		
Youth First Name - Optional								
Test								
Youth Last Name - Optional								
Test								
Wrap ID *								
1234TEST								
Destanced Languages *								
Preferred Language *								
Spanish V								
Select Site *	Select Site *							
Showing 8 of 8 rows	Showing 8 of 8 rows							
Site		Agency		Organization		Collaborator		
DEMO - PacificSource (0	Centro Latino)	DEMO - C	entro Latino	DEMO - State of	f Oregon			
DEMO - Trillium (Centro	Latino)	DEMO - C	DEMO - Centro Latino DEMO - State of Oregon					
DEMO - PacificSource (E	Direction Service)	DEMO - D	rection Service	DEMO - State o	f Oregon			
DEMO - Trilium (Direction	n Service)	DEMO - D	rection Service	ce DEMO - State of Oregon				
DEMO SITE 1 - Pacific S	DEMO - M	arion County	DEMO - State of Oregon					
DEMO - Health Share (M	DEMO - M	ultnomah	DEMO - State of Oregon					
DEMO - Health Share (W	DEMO - W	ashington	DEMO - State of Oregon					
DEMO Site 1 - Washingt	DEMO - W	ashington	DEMO - State of Oregon					
Care Coordinator *								
Katherine G <katherine< td=""><td colspan="8">Katherine G <katherine.g@site5.com></katherine.g@site5.com></td></katherine<>	Katherine G <katherine.g@site5.com></katherine.g@site5.com>							
						Next		

- d. Preferred Language: this is a required field. This field determines whether the Youth and Caregiver receive the Spanish or English version of the WFI-EZ.
- e. Select Site: this is a required field.
- f. Care Coordinator: this is a required field. Select the youth's Care Coordinator from the drop-down list.
- g. Click the green **Next** button at the bottom right to move to the next section.

6. The following youth information should be entered in the

Demographic Information tab:

- a. Gender Identity
- b. Does the youth identify as transgender?
- c. Sexual Orientation
- d. Race
- e. Ethnicity
- f. Date of Birth
- g. Zip Code
- h. Legal Custodian (at enrollment)
- i. Click the green **Next** button at the bottom right to move to the next section.
- The following youth information should be entered in the **Enrollment** tab:
 - a. Wraparound Start Date: this is a required field. Enter the date the youth and family were accepted through the Wrap Review Committee.
 - b. Referral Source: select from the drop-down list.
 - c. Referral Reason
 - d. Referral Date: Enter the date on the Wraparound Referral Form.
 - e. Age at Enrollment: this is a required field.

	ographic Information	Enrollment	Discharge	Contact Information
Test Test Wrap ID: 1234TEST Site: DEMO - Trilium (Directi	ion Service)			
Gender Identity - Optional	I	Date of Birth - Optic	onal	
Select gender 🗸		Pick date		
Do you identify as transgende	er? - Optional 🕦 🏼	Zip Code - Optional		
Select one 🗸				
What is your sexual orientation	on? - Optional I	Legal Custodian (at	enrollment) - O	ptional
-		Select Legal Cus	todian	~
Select one 🗸				
Select one V				
Select one Race - Optional Select race	~			
Select one Race - Optional Select race Ethnicity = Optional	~			

3

Basic Information	Demographic Information	Enroliment	Discharge	Contact Information			
Test Test Wrap ID: 1234TEST Site: DEMO - Triliun	n (Direction Service)						
/raparound Start Date Pick date	•* 0						
eferral Source - Opti	onal 🚯						
Select referral source	e 💙						
eferral Reason - Opt	ional						
eferral Date - Option	al 🚯						
Pick a date							
Age at Enrollment *							
System Involvement - Optional 🕤							
revious or current juv	enile justice involvemer	nt - Optional					
○Yes ○No ○	Don't Know						
listory of expulsion/su	spension from school	- Optional					
○Yes ○No ○	Don't Know						
History of in-patient hospitalization or residential treatment for mental health reasons - Optional							
		tial treatment for n					
○Yes ○No ○	Don't Know	tial treatment for n					
○ Yes ○ No ○	Don't Know room visits for mental he	ealth reasons - Op	otional				
○ Yes ○ No ○	Don't Know room visits for mental he Don't Know	tial treatment for r	otional				
 Yes No Iistory of emergency r Yes No Yes No revious or current chi 	Don't Know room visits for mental he Don't Know Id welfare involvement	ealth reasons - Optional	otional				
 Yes No Yes Yes No Yes No revious or current chi Yes No 	Don't Know com visits for mental he Don't Know Id welfare involvement Don't Know	ual treatment for r ealth reasons - O; - Optional	otional				
Yes No istory of emergency r Yes No Yes No revious or current chi Yes No imber of runaways	Don't Know oom visits for mental he Don't Know Id welfare involvement Don't Know	ual treatment for r ealth reasons - O; - Optional	otional				
Yes O No O Yes O No O Yes O No O revious or current chi O Yes O No O umber of runaways	Don't Know oom visits for mental he Don't Know Id welfare involvement Don't Know . Optional	aal treatment for r	otional				

- f. System Involvement (this entire section is optional). Programs do not need to use this section unless they really want to. If you decide to use it, please think about why you want to track this data and how you plan to use it:
 - i. Previous or current juvenile justice involvement
 - ii. History of expulsion/suspension from school
 - iii. History of in-patient hospitalization or residential treatment for mental health reasons
 - iv. History of emergency room visits for mental health reasons
 - v. Previous or current child welfare involvement
 - vi. Number of runaways
- g. Click the green **Next** button at the bottom right to move to the next section.
- 8. Users should skip the **Discharge** tab when creating new youth records. Click the green **Next** button at the bottom right to move to the next section.

9. Data entered in the Contact

Information tab will be used for data collection of the WFI-EZ.

- a. Caregiver/Parent Contact Info.:
 Only one Caregiver can be entered into WrapStat. The Caregiver entered here will be the one who received the WFI-EZ invite via email or text message.
 - i. Name
 - Preferred Language (this field determines whether they received the English or Spanish version of the WFI-EZ.)
 - iii. Phone: if your program plans on using the text feature to

Enrollment				×				
Basic Information	Demographic Information	Enrollment	Discharge	Contact Information				
Test Test Wrap ID: 1234TES Site: DEMO - Triliu	T ım (Direction Service)							
Wraparound Start Da	te * 🕦							
Peferrel Source	tional O							
Select referral source	irce 🗸							
Referral Reason - Op	otional							
Beferral Date - Ontio	nal 🔒							
Pick a date								
Age at Enrollment *	Age at Enrollment *							
System Involvemen	t - Optional 🚯							
Previous or current ju	venile justice involvement Don't Know	- Optional						
History of expulsion/s	suspension from school - C	Optional						
⊖ Yes ○ No ⊂	Don't Know							
History of in-patient I	History of in-patient hospitalization or residential treatment for mental health reasons - Optional							
○ Yes ○ No ○ Don't Know								
History of emergency	History of emergency room visits for mental health reasons - Optional							
○ Yes ○ No ○	○ Yes ○ No ○ Don't Know							
Previous or current c	Previous or current child welfare involvement - Optional							
○ Yes ○ No ○	Don't Know							
Number of runaways	- Optional							
Back				Next				

send out WFI-EZ links, make sure that the number entered here is for a cell phone that can receive text messages.

- iv. Email address: this email will be used to send the WFI-EZ link to Caregivers.
- v. Mailing address, City, State, Zip Code
- b. Youth Contact Info. Click the blue **Same as Caregiver** button if the youth lives in the same location as their Caregiver. If the youth lives in a separate location from the Caregiver, complete the following fields.
 - Phone: if your program plans on using the text feature to send out WFI-EZ links, make sure that the number entered here is for a cell phone that can receive text messages.
 - ii. Email address: this email will be used to send the WFI-EZ link to Caregivers.
 - iii. Mailing address, City, State, Zip Code
- c. Team Member Contact Info. Only one Team Member can be entered into WrapStat. The Team Member entered here will be the one who received the WFI-EZ invite via email or text message.
 - i. Name
 - ii. Preferred Language (this field determines whether they received the English or Spanish version of the WFI-EZ.)
 - Phone: if your program plans on using the text feature to send out WFI-EZ links, make sure that the number entered here is for a cell phone that can receive text messages.
 - iv. Email address: this email will be used to send the WFI-EZ link to Team Members.
 - v. Mailing address, City, State, Zip Code
 - vi. Relationship to Youth: select relationship from the drop-down list.
- d. Click the green **Submit** button at the bottom right to save the youth record.